**Conflict of Interest Form**

*This form must be submitted by all vendors registering with Shawnee State University.*

Is your company owned or managed by an employee of Shawnee State University?

* Yes. If checked, fill out the affiliation information, print name, and sign form.
* No. If checked, print name and sign form. By checking “no,” vendor is verifying that no conflict of interest exists, or will exist, as a result of vendor’s participation as a university vendor.

Officer Affiliated with or Employed by Shawnee State University Title

Officer Affiliated with or Employed by Shawnee State University Title

Officer Affiliated with or Employed by Shawnee State University Title

Signature of Person Verifying Statement Title

Printed Name of Person Verifying Statement

**NOTE:** The provisions of this form are based on state (Chapter 125 of the Ohio Revised Code) and federal regulations and requirements and the policies and practices of Shawnee State University.